## LII CCC 112743

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T. MATTHEWS FEB 2 8 2022

## **COVER LETTER**

TO: Registration So Division of Cor			
US LIBER	TY I.LC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FIRAS JARRAR		
		Name of Person	
	US LIBERTY LLC		
		Firm/Company	
	2684 SW WINDSHIP WA	ΛY	
		Address	<del></del>
	STUART, FL. 34997		
		City/State and Zip Code	<del></del>
	firas@usliberty.co		
For further information of	concerning this matter, please c	to be used for future annual report not all:	irreation)
FIRAS JARRAR		561 267-6526	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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US LIBERTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/03/2011 and assigned Florida document number L11000112743 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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51% REBEKAH LEE JAR	RAR	
49% FIRAS JARRAR		
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ffective date, if other than t an effective date is listed, the date in this ocument's effective date on the	ust be specific and cannot be prior to date of filing or me block does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed as
record specifies a delayed effectis filed.	ive date, but not an effective time, at 12:01 a.m. $\epsilon$	on the earlier of: (b) The 90th day after the
FEB. 11	2022	
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Filing Fee: \$25.00